

# Adult Vaccine Schedule

Hotline:  
 1-800-275-0659

Age ► Vaccine ▼	19-44 years	45-49 years	50-64 years	65+ years
Tetanus, Diptheria <sup>1</sup>	Booster dose every 10 years			
Measles, Mumps, Rubella <sup>2</sup>	1-2 doses*			
Influenza <sup>3</sup>	Annually, if at risk**		Annually	
Pneumococcal <sup>4</sup>	1 – 2 doses for those at risk**			1-2 doses
Hepatitis A <sup>5</sup>	2 doses for those at risk** and others wishing immunity			
Hepatitis B <sup>6</sup>	3 doses for those at risk**			
Meningococcal <sup>7</sup>	1 or more doses for those at risk**			
Varicella <sup>8</sup>	2 doses for those at risk**			

 Vaccines recommended for all adults in the age categories specified

 Vaccines recommended for selected populations

**1-2 doses\*** MMR vaccine is recommended for all those born in 1957 or later

**At risk\*\*** Adults at increased risk of infection due to health or environmental conditions

**(See reverse side for detailed recommendations)**

- 1 **Tetanus and Diphtheria (Td):** All adults should complete a 3-dose primary series of Td, with the first 2 doses given at least 4 weeks apart and the 3rd dose given 6-12 months after the 2nd. All adults for whom 10 years have elapsed since their primary series or their last booster dose should receive a Td booster.
- 2 **Measles, Mumps, Rubella:** Adults born before 1957 are considered naturally immune. Adults born in 1957 or later should receive 1 dose of MMR vaccine. Some adults may need 2 doses given not less than 4 weeks apart, such as college students, those working in health care facilities, and international travelers.
- 3 **Influenza:** Administer influenza vaccine annually to all adults  $\geq 50$  years of age; residents of nursing homes and other long-term facilities; younger adults with chronic cardiopulmonary disorders, chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression; as well as to the household members, caregivers, and health care workers of the above. Other adults who wish to reduce their likelihood of becoming ill with influenza may also be vaccinated.
- 4 **Pneumococcal:** Give pneumococcal polysaccharide vaccine (PPV) to all adults  $\geq 65$  years and those  $< 65$  with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, CFS leaks, functional or anatomic asplenia, HIV infection, leukemia, lymphoma, Hodgkins disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or if receiving immunosuppressive chemotherapy. Routine revaccination of immunocompetent persons previously vaccinated with 23-valent PPV is not recommended; however, revaccination is recommended if a person was vaccinated  $\geq 5$  years previously and either (1) was  $< 65$  when first vaccinated and is now  $\geq 65$  years or (2) is at highest risk for serious pneumococcal infection, as defined by ACIP, or (3) is likely to have a rapid decline in pneumococcal antibody levels.
- 5 **Hepatitis A:** Give 2 doses of hepatitis A vaccine, 6-12 months apart, to persons who are at increased risk for infection with hepatitis A virus (HAV) as well as to food handlers and others wishing to obtain immunity. Populations at increased risk include: persons traveling to or working in countries with high rates of HAV, men who have sex with men, persons who use street drugs, persons with chronic liver disease, persons who work with HAV-infected primates or with HAV in a research setting, and persons with clotting factor disorders.
- 6 **Hepatitis B:** Adults at risk for HBV infection include: persons who may be exposed to blood or blood products in their work, clients and staff of institutions for the developmentally disabled, hemodialysis patients, recipients of factor VIII or IX concentrates, household or sexual contacts of persons identified as HBsAg-positive, persons who plan to travel or live in HBV endemic areas, injecting drug users, sexually active homosexual or bisexual males, sexually active heterosexual persons with multiple partners or recent episode of an STD, inmates of long-term correctional facilities, and persons of Pacific Islander ethnicity or first generation immigrants/refugees from countries where HBV is endemic. Give a 3-dose series on a schedule of 0, 1, and 6 months.
- 7 **Meningococcal:** Give quadrivalent polysaccharide meningococcal vaccine (A/C/Y/W-135) to adults with terminal complement component deficiencies, those with anatomic or functional asplenia, and travelers to countries where meningococcal disease is epidemic. Consider revaccination within 3-5 years for persons who continue to be at high risk of infection. Providers may consider vaccination of college freshman who live in dormitories to reduce their slightly increased risk of disease.
- 8 **Varicella:** Administer varicella vaccine to susceptible persons who will have close contact with persons at high risk for serious complications. Consider vaccinating susceptible persons who are at high risk of exposure, such as those with occupational risk (i.e. teachers of young children, day care workers, and residents and staff in institutional settings); college students; inmates and staff of correctional institutions; military personnel; non-pregnant women of childbearing age; and international travelers. Give 2 doses 4-8 weeks apart.